CHAPTER 2
SECTION 1.2

DATA REPORTING - PROVIDER FILE RECORD SUBMISSION

1.0.   GENERAL

1.1.   Contractor Submission Of TRICARE Encounter Provider Records (TEPRV) Requirements

1.1.1.   Electronic Media Submission

Contractors are required to submit TEPRV Records (except for TFL second payor) via electronic media to TMA for each provider who rendered care to TRICARE beneficiaries.

1.1.2.   Record Content

1.1.2.1.   Required Information for each Health Care Practitioner

1.1.2.1.1.   A Unique Provider ID Number (PROVIDER TAXPAYER NUMBER)

1.1.2.1.2.   Name

1.1.2.1.3.   Address

1.1.2.1.4.   Medical Specialty

1.1.2.1.5.   Authorization Period

1.1.2.1.6.   The provider must be authorized to provide care and be present on the Provider File at TMA to provide care on the date of service reported on the TED Record.

1.1.2.1.7.   The data will be used by TMA to track services rendered by each provider.

1.1.3.   Denied Services and Complete Cancellation

1.1.3.1.   Services will be excluded from the date of service check. (Refer to element descriptions and record layouts for the provider and the corresponding batch header records.)

1.2.   Accountability for TEPRVs

The contractor having contractual authority for provider certification in a given region has accountability for the TEPRVs for providers in that region and is responsible for ensuring these TEPRVs pass the TMA edits and for performing all maintenance transactions. This responsibility extends to those TEPRVs submitted in support of the claims processing by

another contractor with the exception of pharmacy TEPRVs which can be submitted by any contractor.

1.3.   Data Submission

1.3.1.   The data must be submitted according to the procedures presented in the Teleprocessing Requirements section of this chapter.

1.3.2.   The contractor must provide a separate record for each provider who renders care to a TRICARE beneficiary.

1.3.2.1.   The Initial Load of the Provider Information

1.3.2.1.1.   The initial load of the Provider information must be submitted following the rules listed below. Every effort must be made to ensure that duplicate Provider records are not submitted and that only active Provider records are submitted.

1.3.2.1.2.   For non-institutional providers, multiple records will be required when more than one provider is billing under the same PROVIDER TAXPAYER NUMBER (e.g., clinics). In this case, the PROVIDER ZIP CODE and PROVIDER SUB-IDENTIFIER must be used to identify unique providers. Refer to these elements for further instructions.

1.3.2.2.   Transition of Future Provider Information Between Contractors

The transition of future Provider information between contractors, which are using the TED reporting format, must retain the provider record key information. For institutional providers the record key is: PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE and PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION. For non-institutional providers the record key is: PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE and PROVIDER SUB-IDENTIFIER.

1.3.2.3.   Inactive Providers

When the contractor removes a provider from their active provider files (e.g., due to long periods of inactivity), a Provider Record must be submitted to TRICARE as a modify Transaction Code with a Provider Termination Date reflecting when the Provider was removed from the contractor's files.

1.4.   Institutional Providers that are Part of a Multi-Hospital Chain

1.4.1.   Providers must be identified within the PROVIDER TAXPAYER NUMBER by the zip code.

1.4.2.   In addition, multiple records will be required for institutional providers with both DRG-exempt and DRG-non-exempt units under the same PROVIDER TAXPAYER NUMBER.

1.4.3.   These are to be identified by the PROVIDER SPECIALTY/TYPE OF INSTITUTION. Only one (1) DRG-non-exempt TYPE OF INSTITUTION will be allowed per

PROVIDER TAXPAYER NUMBER and zip code, while multiple DRG-exempt types of facility will be allowed.

1.4.4. No duplicates within the PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE, and PROVIDER MAJOR SPECIALITY/TYPE OF INSTITUTION will be allowed.

1.5. Institution Provides Outpatient Care

1.5.1. Additional provider records must be reported to TMA.

1.5.2. For outpatient services (e.g., ambulatory surgery in hospital, emergency room, hospital services), submit a provider record with PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION = FACILITY CHARGES (refer to edit 3-160-05R) and INSTITUTIONAL/ NON-INSTITUTIONAL INDICATOR = 'N'.

1.5.3. If the institution has a clinic associated with it, additional provider records must be reported to TMA using the PROVIDER SUB-IDENTIFIER in the same manner as a stand alone clinic.

2.0. PROVIDER FILE RECORD MAINTENANCE

The Provider File is a dynamic file where records can be added, modified, or inactivated when a change is required.

2.1. File Submission

2.1.1. The contractor must submit transactions indicating the type of change and updated information.

2.1.2. Transactions will be submitted on an as needed basis.

2.1.3. Each group of transaction records must be preceded by a batch header record that identifies the subsequent records as provider transaction records. (Refer to data element Provider Sub-identifier for examples of reporting clinics.)

2.2. Add Transactions

2.2.1. The TRANSACTION CODE must be 'A'.

2.2.2. All required data elements must be included.

2.2.3. An ADD cannot be made for institutional providers if the PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE, and PROVIDER MAJOR SPECIALITY/TYPE OF INSTITUTION are already on file.

2.2.4. An ADD for non-institutional providers cannot be made if the PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE and PROVIDER SUB-IDENTIFIER are already on file.

2.3. **Modify Transactions**

2.3.1. The TRANSACTION CODE must be 'M'.

2.3.2. All required data elements must be included.

2.3.3. The MODIFY is used to make changes to an existing provider record, such as a termination of authorization or reauthorization.

2.3.4. A MODIFY will replace the previous record with a new record. Records being replaced will be held in history.

2.3.5. Multiple periods of authorization will automatically be stored on the TMA master provider file.

2.3.6. For institutional providers, a MODIFY will not be accepted if the PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE, and PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION are not already on the file.

2.3.7. PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE and PROVIDER SUB-IDENTIFIER must be on the file for a non-institutional provider MODIFY transaction.

2.4. **Inactivate Transactions**

2.4.1. The TRANSACTION CODE must be 'I'.

2.4.2. The PROVIDER TAXPAYER NUMBER, PROVIDER SUB-IDENTIFIER, PROVIDER STATE OR COUNTRY CODE, and PROVIDER ZIP CODE must be coded. These four data elements must match the same fields on the record at TMA to be inactivated.

2.4.3. **Institutional Providers**

The INACTIVATE process is to be used when there is an error on the PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE or PROVIDER MAJOR SPECIALTY/TYPE OF INSTITUTION data elements.

2.4.4. **Non-Institutional Providers**

2.4.4.1. The INACTIVATE process is used when there is an error on either the PROVIDER TAXPAYER NUMBER, PROVIDER ZIP CODE or the PROVIDER SUB-IDENTIFIER data elements.

2.4.4.2. To correct an error on these data elements, the incorrect record must be inactivated and the correct record added using two separate transactions.

2.4.4.3. When correcting an error on these data elements for a clinic, all provider records associated with the clinic must also be inactivated. This process also applies when replacing a record containing a contractor Assigned Provider Number (APN) with a record containing the actual Provider Taxpayer Number.

3.0. RESUBMISSION OF PROVIDER BATCHES AND PROVIDER RECORDS

3.1. **Batches that fail any edits** at the header record level will be rejected and returned to the contractor for correction. Header level rejections require the resubmission of the entire batch with the appropriate data corrections. The RESUBMISSION NUMBER must not be incremented from what was reported on the prior submission.

3.2. **Provider Records** that fail any edits validity or relationship will be rejected and returned to the contractor for correction and resubmission.